

A RESOLUTION

01-R -0004

BY PUBLIC SAFETY AND LEGAL
ADMINISTRATION COMMITTEE

DO NOT TAKE

**A RESOLUTION AUTHORIZING PAYMENT IN THE
AMOUNT OF \$1,000.00 IN SETTLEMENT OF THE CLAIM
OF ALLSTATE INSURANCE COMPANY AS SUBROGEE
OF RHAMON CLEVELAND, THROUGH ITS ATTORNEY,
BOB BERLIN AGAINST THE CITY OF ATLANTA AND FOR
OTHER PURPOSES**

WHEREAS, Allstate Insurance Company as subrogee of Rhamon Cleveland, through its attorney, Bob Berlin, has filed a claim against the City of Atlanta seeking damages arising out of a collision between a vehicle operated by Richard J. Franklin, an employee of the Department of Public Works and Mr. Cleveland's vehicle; and

WHEREAS, the collision occurred when the City employee failed to yield right-of-way and collided the claimant's insured's vehicle; and

WHEREAS, the claimant has asserted damages in the amount of \$3,135.02, but has agreed to accept the sum of \$1,000.00 in full and complete satisfaction and settlement of its subrogation claim against the City of Atlanta; and

WHEREAS, the City Attorney has recommended that the claim of Allstate Insurance Company as subrogee of Rhamon Cleveland, through its attorney, Bob Berlin be settled for the sum of \$1,000.00.

WHEREAS, this claim was previously denied by City Council on November 6, 2000.

THEREFORE, BE IT RESOLVED that the Council of the City of Atlanta, Georgia that resolution number 00-R-1731 be hereby rescinded and that \$1,000.00 be paid by the City of Atlanta in satisfaction of any and all claims Allstate Insurance Company as subrogee of Rhamon Cleveland, through its attorney, Bob Berlin may have stemming from damages sustained to its insured's property on or about April 16, 2000.

BE IT FURTHER RESOLVED that the Chief Financial Officer be and hereby authorized to pay the above mentioned sum from account number 1A01/529017/T31001.

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0531

Date: December 29, 2000

Claimant /Victim ALLSTATE INSURANCE COMPANY AS SUBROGEE OF RHAMON CLEVELAND
BY: (Atty) Bob Berlin
Address: 401 Cherry Street, Suite 602, Macon, Georgia 31201-3347
Subrogation: X Claim for Property damage \$ 3,135.02 Bodily Injury \$ _____
Date of Notice: 08/28/00 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 04/16/00 Place: North Avenue and Glen Iris Drive
Department Public Works Division: Street Operations
Employee involved Richard J. Franklin Disciplinary Action: No Action Taken

NATURE OF CLAIM: The driver of the City vehicle failed to yield right-of-way and collided with the claimant's vehicle causing damages in the above amount.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____
Traffic citations issued: City Driver X Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement X
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 1,000.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____
Claims Manager: Dianne C. Mitchell Concur/date 12-29-00
Committee Action: _____ Council Action _____

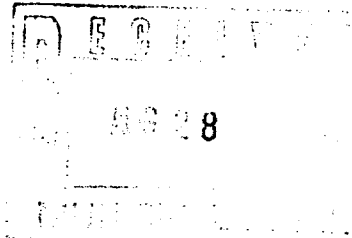
Allstate®

Mitchell
09/05/00

ALLSTATE INSURANCE COMPANY
P.O. BOX 168288
IRVING TX 75016

08/24/00

(800) 374-4246



ENTERED - 9-6-00 - SB

ATLANTA CITY COUNCIL, MUN. CLERK 00L0531 - DIANNE MITCHELL
55 TRINITY AVENUE
ATLANTA GA 30335

08-29-00A11:00 RCVD

OUR INVESTIGATION INDICATES THAT YOUR INSURED WAS RESPONSIBLE
FOR THIS LOSS.

SINCE WE HAVE ALREADY MADE A SETTLEMENT WITH OUR POLICYHOLDER,
THE CLAIM HAS BEEN ASSIGNED TO US. COPIES OF THE FINAL PAPERS
RELATING TO THE LOSS ARE ENCLOSED.

PLEASE ACCEPT THIS LETTER AS NOTICE OF OUR SUBROGATION CLAIM.
PLEASE FORWARD YOUR PAYMENT WITH OUR CLAIM NUMBER TO:

ALLSTATE PAYMENT PROCESSING CENTER
P.O. BOX 227257
DALLAS, TX, 75222-7257

DIRECT ANY OTHER CORRESPONDENCE TO THE ADDRESS AT THE TOP
OF THIS LETTER.

SINCERELY,

CUSTOMER SERVICE

ALLSTATE INSURANCE COMPANY

CBP:G

YOUR FILE NO. : 00L0273
YOUR INSURED : CITY OF ATLANTA DEPT OF PUBLIC WORKS
ADDRESS : 68 MITCHELL ST SW
ATLANTA GA 30335

OUR CLAIM NO. : 6953248123 FY5
OUR INSURED : RHAMON CLEVELAND
LOSS DATE : 04/16/00

LOCATION :
NORTH AVE AT GLENN IRIS ATLANTA GA

AMOUNT OF LOSS: \$3,135.02

GENERAL RELEASE AND INDEMNIFICATION

CLAIM NUMBER 00L0531

\$ 1,000.00

IN CONSIDERATION of the sum of ONE THOUSAND AND NO/100
 DOLLARS, to be paid to me by the CITY OF ATLANTA, the future receipt of which is hereby
acknowledged, I do hereby, for myself, my heirs, executors, administrators, and assigns, release and forever
discharge said City, its officers and employees, including but not limited to Richard J. Franklin, from any and
all claims, demands, actions, causes of action, suits, damages, loss and expenses, of whatsoever kind or nature for
or on account of anything that has heretofore occurred, and particularly for or on account of a vehicular accident
which occurred on or about the 16th day of April, 2000

at or near North Avenue and Glen Iris Drive

It is further understood and agreed that the payment of the above named sum is not to be considered as an
admission on the part of the City, its officers, agents, servants or employees, of any liability whatsoever and the
undersigned further covenants and agrees to indemnify and hold harmless the City of Atlanta, its officers, agents,
servants and employees, from any and all claims, damages or costs which the said City of Atlanta, its officers,
agents, servants and employees, may be called upon to make as a result of the event hereinbefore referred to.

And I now state that the only consideration for my signing this release and indemnification is the payment
of the sum stated above; that no other promise or agreement of any kind or nature has been made to or with me by
said City or its agents to cause me to sign this release, and that I fully understand the meaning and intent of this
instrument.

WITNESS my hand and seal this 12th day of December, 18 2000.

Grace D. Smith (LS)
ALLSTATE INSURANCE COMPANY AS
SUBROGEE OF RHAMON CLEVELAND

Bob Berlin (LS)
BOB BERLIN, ATTORNEY AT LAW

The above release was read and explained to, and signed by the said Grace D. Smith,

Claims Representative in our presence on the date above written.

Rikki S. West
Sarah P. Sawyer
WITNESSES